09148		()	9	1	4	8
-------	--	----	---	---	---	---

1. PLACE OF DEATH		9	1-
County Caroline		Registration Dist. No.	62
Village or City Zears	enton	NoNo	St., Ward
Langth of rasidence in city or town where d	(1	f death occurred in a hospital or institution, give its NAME instead of st	
n	eath occurred yrs,	sds. How long In U.S. if of foreign birth?yrs	as.
2. FULL NAME Dark	rarague pru	If U. S. Veteran, specify WAR	••••••
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or t	own and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DE	The second secon
3. SEX 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Sept 30	, 193 6
5a. If marriad, widowed, or divorcad	ð	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I	attendad deceased from
1	1/	Syft 2) ,1936, to Syft	30,1926
6. DATE OF BIRTH (month, day, and year)	une 1.9 7934	I last saw h elive on	19 ; death is said
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	1 10 or min.	were as follows:	Date of onset
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.		July h	+
SAWYER, BOOKKEEPER, etc	•••••	warfung cough.	1477217
work was dona, as SILK MILL, SAW MILL, BANK, etc.		mondial menina	647 26.19
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total tima (years) spent in this	apramie diambrea	\$4120-193
year)	occupation	Dthar Contributory Causes of importanca:	
12. BfRTHPLACE (city or town)	Sugu		
(State or country)	Del.		
13. NAME Saller	Bruding		
13. NAME Saller 14. BIRTHPLACE (city or town)	<u></u>	Name of operation	Data of
(Stata of Country)	guel .	What test confirmed diagnosis? Was t	there an autopsy?
15. MAIOEN NAME CLARKS 16. BIRTHPLACE (city or town)	Juish	23. If deeth wes due to external causes (VIOLENCE) fill in also the	following:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Data of Injury	y, 19
∑ (State or country)	Tud.	Where did injury occur? (Specify city or town, county	e and State)
17. INFORMANT TOURSELL	Studius	Specify whether Injury occurred in INDUSTRY, in HOME, or in PU	BLIC PLACE.
(Address)	tickwarf N	£4	
18. BURIAL, CREMATION, OR REMOVAL Placa Surravelle	Date Oct 2 19.70	Manner of injury	
19. UNDERTAKER Q 2 7/2	worm	24. Was diseasa or injury in any way related to occupation of dace	ased?
(Address)		If so, specify	H
20 FILED 10 - 2 136 May	10 June	(Signed) Alant Juro	M. D.
	Registrar.	(Address)	md.

V. S. No. 1

N. B.—WRITE PLAII

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were	of death and related causes sollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
į.				
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

()	9	1	4	9	
			-4	4	

1. PLACE OF DEATH	
County Coroline	Registration Dist. No. B 2
Village or City Treas Deuton	No. St. Ward
Length of recidence in city or town where death accurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 4 1)	A.
2. FULL NAME Vouglas Jarey O.	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	ord) 21. DATE OF DEATH Suff 30 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY That I attended decaased from
(or) WIFE of	Dept 28 1936, 10 feet 30 1936
6. DATE OF BIRTH (month, day, and year) Jan. 26 19	136 I last saw h aliva on wift 30 ,1936; death is said
7. AGE Years Months Days If LESS 1 day,	h
orm	I THE FRINCIPAL CAUSE OF DEATH AND TELATED CAUSES OF INIDIOTRENCE
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	A Probably mel Just Cure R.
	Palall by tol The
SAW MILL BANK atc	Children her all t
10. Data deceased last worked et this occupation (mohth and spant in this	Ree - Losated in Grontal partion of brain.
year) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Allass Deulsee (State or country)	
W 13. NAME Wilhur Butler	•
II.	
4 14. BIRTHPLACE (city or town) Cuasy Desitors (State or country) West	Name of operation
IS MAIDEN NAME Flesha Cuntrewa.	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Fulda Cuntrews. 16. BIRTHPLACE (city or town). Elease & Senton.	Accidant, suicide, or homicida? Date of Injury19
(State or country) Teck.	Whera did injury occur?
17. INFORMANT ZUSS Dilleur Butter (Address) Dueston was	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL.	Mannar of Injury
Place/ Illillow Quit Date (1)	936 Natura of Injury
19. UNDERTAKER J. Ting ill Tecoror	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) Delettery	If so, specify
20. FILED 10-2 1936 /m A 0 Yluge	(Signed) Y GUEST M. D.
Regist	trar. (Addrass)

S. No. 1

stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT REC

AGE should be

Exact statement of OCCUPA.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAI

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
		14.		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

LION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

09150

1. PLACE OF DEATH			93-2	
County Caro	line		Registration Dist. No.	63
Village or CityNes		(If	No. death occurred in a hospital or institution, give its NAME instead of significance. ds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Ella E.			If U. S. Veteran, specify WAR	
(a) Residence: No. Pres			, , ,	
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DE	ATH
s. sex 4. color or race Female Colored	OR DIVORCE	RIED, WIDOWED, D (write the word) DWed	21. DATE OF DEATH September 8 (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rich	ard Carter	r	September 1 , 19 3t , to September	
6. DATE OF BIRTH (month, day, and year)	About 18'	79	Hast saw her alive on Septembers	19.74; death is said
7. AGE Years Month About 57	s Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted ebove, at12:15. p The PRINCIPAL CAUSE OF DEATH and related causes of Importa were as follows:	
12. BIRTHPLACE (city or town)(Stete or country)	Own hon	ne ime (years) nt In this pation Life ter Co.	Other Contributory Causes of Importance: Other Annie My Cordins	2 years of o
	Dorchester	Co.	Name of operation	Data of
(State or country)	laryland		What test confirmed diegnosis? Was	
16. BIRTHPLACE (city or town) (State or country)	Dorcheste Maryland		23. if deeth was dua to external causes (ViOL ENCE) fill in also the Accident, suicide, or homicide? Date of Injur Where did Injury occur?	y, 19
17. INFORMANT Mrs. Hat (Addrass) Prest on I 18. BURIAL, CREMATION, OR REMOVAL Placa Johns' Cemet	tie Johns Md., R.F.I ery, Md. S	ept. ld.1	Specify whather injury occurred in INDUSTRY, in HOME, or in Pu	BLIC PLACE.
19. UNDERTAKER J. J. Fr	ourg, Mary	on	24. Was disease or injury in eny way releted to occupetion of deca if so, specify (Signad) Huku B. Junu	mased? No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	PHYSICIAN act statement	
MARGIN RESERVED FOR BINDING	RMANENT KIX A C T L Y. classified. Ex	
ED FOR B	'HIS IS A PE be stated E be properly of certificate	
N RESERV	AGE should AGE should to that it may stions on back	
MARGIN	orfit UNFAD ully supplied. plain terms, s t. See instruc	
	PLA Y, W could be carefully DEATH in very important	
S. No. 1	Mation should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	

1. PLACE OF	A "	1.2		(8%-(0)	7
County				Registration Dist. No.	(<i>J</i>
Village or City	ну	nson		No. St f death occurred in a hospital or institution, give its NAME instead of street	.,War
Length of resider	ice in city or town wh	nare deeth occurred		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAM	r Julia	J. Hubbs	rd		
(a) Residence			***************************************	C4 Ward	
(a) Residence	. 110.	(Usual pla	ce of abode)	St., Ward. If nonresident give city or tow.	n and State
PERSONA	L AND STATI	STICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEAT	Н
Female 4	Negro	OR DiVOR	ARRIED, WIDOWED, CED (write the word) dow	21. DATE OF DEATH September 20 (Month) (Day)	, 193 6 (Year)
5e. If married, widowed, HUSBAND of (or) WIFE of	John H	. Hubbard	ı	22. I HEREBY CERTIFY, Thet latte	ended deceesed fro
6. DATE OF BIRTH (mg	inth, day, and year)	Dec. 4.	1867	t last saw h. 2r eliva on Leplen per 20 19	
7. AGE Years	Months		If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, et 2/30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:	
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWITE 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupetion (month and year) 11. Total tima (years) spant in this occupation occupation				Cerebral Hamourly to FT Side	Date olone 9/17/3
12. BIRTHPLACE (city of (State or country)		lock, Md.,		Other Contributory Causes of importance:	2
出 13. NAME The	omas Pa	arrington	1		
13. NAME The		Hurlock		Neme of operation Date What test confirmed diagnosis? Wes ther	
15. MAIDEN NAME	Unkno	own		23. If death was due to external causes (VIOLENCE) fill in else the following	
16. BIRTHPLACE (c		Jnknown		Accident, suicide, or homicide? Date of injury	, 19
I. INFURMANI	nnie Jone 2108 Etti		Baltimore.	(Specify city or town, county an Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLI	d State) iC PLACE.
18. BURIAL, CREMATION		irg Date Sel	ot.22 19 36	Manner of injury	
19. UNDERTAKER] (Address)		llis & So		24. Wes disease or injury in eny way related to occupetion of deceased if so, specify	d? No
20. FILED SEAS	41.361	Then B	HUMEST Registrar.	(Signed) Thurs Brunes.	M.:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C	1921	Run over by street car	1 week ago
Cerebral hemorrhage 6.	July 5, 1927	Peritonitis	3 days ago
OU. DEAU		(•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Yaar)

Date of onset

and and

(Day)

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2-14 FD	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STA	TEMENTS BY	PHYSICIAN
-------------------------	-----------	------------	-----------

09153

1. PLACE OF DEATH	(108)
County Caroline	Registration Dist. No. 62
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Pasies and have	If U. S. Veteran, specify WAR.
(a) Residence: No.: Deuton 2006 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jennele A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DITORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSSAND of (or) WIFE of Arang James	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than	I last saw head alive on Sept. 25, 1936; death is said to have occurred on the date stated abova, et 620m.
68 19 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fobar Pneumonia Sept. 20
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-
this occupation (month and spent in this occupation (month and year)	Other Coutributory Causes of Importance:
(Stete or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Steta or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Asave devis (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACE Fring From Date of t 28, 193	Manner of injury
19. UNDERTAKER & Surger Green	24. Was disaese or injuly in my way refeted to occupation of deceased? 100
20. FILED 9-28, 1936 Pm A O Jeery	(Signed) The State of House M. D. M.
Registrar.	(Address) / July 1 / New Oll VMC.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of death and rel of importance were as follows:	ated causes	Date of ons	The principal cause of death and related causes of importance were as follows:	ate of onset
Arteriosclerosis OCT	5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	C	1921	Run over by street car	week ago
Cerebral hemorrhage BURE	AU V. S	July 5,19		3 days ago
Other contributory causes of import	ance:	J. 100	Other contributory causes of importance:	
Gallstones ·		May 1,19	3 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
----------------------------------	------------	-----------

Every item of infor-

of OCCUPA.

Exact statement

properly classified.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAI

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

13	0	47	p	-0
II	18	- 2	5	
V	V	7	U	7

1. PLACE OF DEATH		(183)	44
County Consline	2	Registra	ation Dist. No. 62
Village or City Devel	CE (II	NoNo	St., Ward
Length of residence in city or town where o	leath occurredyrs,mos	ds. How long in U.S. If of foreign birth	h?ds.
2. FULL NAME Juliu	J Degnes/	If U. S. Veteran, specify WA	R
(a) Residence: No.	1. Oshelaw rue	St., Ward.	
	(Usual place of abode)		sident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of		,,,,,,,, .	
(or) WIFE of			IFY, That I attended deceased from
0	1000		0, 19
6. DATE OF BIRTH (month, day, and year)	ine 1871	i last saw h alive on	
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the dete stated above, at	
39 4	ormin.	The PRINCIPAL CAUSE OF DEATH end related were as follows:	d causes of importence
8. Trade, profession, or particular kind of work done, as SPINNER,	0 2 2 1 2	There was no bout involve	
SAWYER, BOOKKEEPER, etc.	Jay Orvor	and the	
9.4ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		accedental Hiso	uning
SAW MILL, BANK, etc	11. Total time (years)	Deceased probably fell	from fraisand
this occupation (month and year)	spent in this	loridge	
10. 7	9	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	sec p		
(State or country)	pelearly (suf		
I 13. NAME /2006	eggele ,		
14. BIRTHPLACE (city or town)	- L	Name of operation	Date of
(State of country)	care could	Whet test confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME Laurisa		23. If death was due to external causes (VIOLE)	CE) fill in also the following:
16. BIRTHPLACE (city or town)	4 1	Accident, evicide, or homicide? Cacal	Date of Injury 9-1, 134
∑ (State or country)	uare lovel;	Where did injury occur? Who Hunter	Caroline Co. md.
17. INFORMANT Jelson	Legar	Specify whether injury occurred in INOUSTRY	in HOME, or in PUBLIC PLACE!
18. BURIAL, CREMATION, OR REMOVAL PIECE TOWN	Date Defet 4 , 19 3	Manner of injury	
19. UNDERTAKER Jack	1. Deson	24. Was disease or injury in any way related to	
(Address)	a o fellan	If so, specify	400-11-0
20, FILEO 9-4 , 136/Mm	NO Jong Registrar.	(Signed) (Address)	Wester mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 00 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage V S.	July 5,1927	Peritonitis	3 days ago
BURE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore/Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3035	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-		,4	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAL
---	------------	---------	------------	------------	----	-----------

MARGIN RESERVED FOR BINDING OF THE WITTER BEGINS OF THE BE

V. S. No. 1

1. PLACE OF DEA		ANTLAND	-CERTIFICATE OF DEATH
County Carol	ine		Registration Dist. No. 62
Village or City	1 Acutos	***************************************	No. St
Length of residence in c	ity or town where death occur	redyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number isds. How long in U.S. if of foreign birth?yrs
2. FULL NAME	lias Xt	Eure Trat	LisIf U. S. Veteran, specify WAR
(a) Residence: No	(Usu	erface alplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AN	D STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 1	Blow OR DI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH (Left Z 193 (Y)
5a. If merried, widowed, or diversity of the second of the	ssie Han	ins Tratti	22: I HEREBY CERTIFY, That I attended decease
6. DATE OF BIRTH (month, de	y, and yeer) Move	8 1885	I lest saw h; deetl
7. AGE Years	Months De	lf LESS than 1 dey,hrs.	to heve occurred on tha dato stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and releted ceusas of importence were es follows:
Trade, profession, or particle of work done, SAWYER, BOOKKEE Jundustry or business in work was dona, as:	as SPINNER, PER, etc.	Labor	Arowning-accidental
SAW MILL, BANK, 10. Data deceased lest wo this occupetion (mo year)	etc	Total time (yaars) spent in this occupetion	Was a last supplied ? not to physicion's knowled
12. BIRTHPLACE (city or town) (State or country)	Herman	beloved.	Other Contributory Causes of importance: Pody was found in river onesa Desitors It.
13. NAME	w for	allis.	tous not determined just how be got theres
14. BIRTHPLACE (city or to (Stata or countyy)	(WII) Harry	residi.	Neme of operation
15. MAIDEN NAME	mie.	plines	What tast confirmed diagnosis? Was there an eutopsy: 23. If death wes due to externel causes (VIOLENCE) fill In elso the following:
16: BIRTHPLACE (city or to (Stata or Country)	wn) Jare	care colored	Accident, evicide, or homiside? Acculus? Date of Injury 9/12, 19 Where did injury occur? in Civics: new Desitors Constant Con
17. INFORMANT (Address)	w Fr Oral	tionslig.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR R	electel oetel	Sept 15 1930	Manner of injury A source strings accidentals
19. UNOERTAKER	Virgilla	Goog Eugl.	24. Wes disease or injury in any way related to occupation of deceesed?
20. FILEO 9/15	36 /m Dag	evice	(Signad) Aluxo) Olerge (Address) Slether

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 5 1926	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RINFAII V S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

E	OF	MARYLAND—CERTIFICATE	OF	DEATH	09157
		920			

1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 64
Village or City Federalaburg, (If Length of residence In city or town where deeth occurred I2 yrs mos	ND
Fodomolahuma Ma	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored S. Single, Married, Widowed, OR DIVORCED (write the word) Widowed The married, widowed, or divorced	21. DATE OF DEATH Sept. 30th., 1936 (Month) (Day) (Year)
(or) WIFE of Henry J. Roberts, dec'd	22. BEREBY CERTIFY. That fattended deceased from
6. DATE OF BIRTH (month, day, end year) March 30 1 1866 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 6 = 30 - Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc HOUSE—WORK 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc fD. Date deceased last worked at this occupation (month and year)	Chronig Inyocarditer, 1970. Cerebroll Homoskogt. 9/2-/3
12. BIRTHPLACE (city or town) Middleford, (State or country) Del	Dther Contributory Causes of Importance:
13. NAME Nathaniel Fooks.	
f4, BIRTHPLACE (city or town) Consord, (State or country) Del	Name of operation Date of What test confirmed dispenses The State Was there an autopsy?
置 15. MAIDEN NAME Mary J. Smith,	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME MARY 5. SMITCH, 16. BIRTHPLACE (city or town) Middleford, (Stete or country) Del.	Accident, suicide, or homicide? Date of injury
17. INFORMANT Mrs Genevia DeShields, (Address) Camden, N.J.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury, Md. Date Oct. 3"1936	Manner of injury
19. UNDERTAKER J. J. Framptom & Son. (Address) Federalsburg, Md.	24. Wes disease or injury In any way related to occupation of deceesed?
20. FILED Oct. 2" 1936 5. 5. Framston	(Signed) frank fr Gorglesson / M. D

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement EXACTLY MARGIN RESERVED FOR BINDING properly classified. certificate. stated jo plnods it may See instructions on back CAUSE OF DEATH in plain terms, so that supplied. mation should be carefully TION is very important. -WRITE PLAI N. B.

of OCCUPA-

V. S. No. 1

(Address) (

1000 Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
		Other contributory causes of importance:	
Other contributory causes of importance:			50 3.71
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	r e r	STA	TE OF MAR	YLAND-	CERTIFICATE OF DEATH	08
	infor state UPA	1. PLACE OF DEATH	1	-	(119)	
(M)	occ occ	County araei	ue.		Registration Dist. No. 62	
	h	Village or City	elain	····	No	_War
	= 0	Length of residence in city or	town where death occurred	yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
0	Svery	2. FULL NAME FIRE	welled tress	el Sen	If U. S. Veleran, specify WAR	
(1)	D. Every YSICIANS statement	(a) Residence: No.	Dei	else !	St., Ward.	
			(Usual place		If nonresident give city or town and State	
	REC. PH.	3. SEX 4. COLOR OF	PACE A SINCE MAR	RIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH	
	T R X.	Tue 120		D (write the word)	60 to 30 193	6
D.	T L ed.	5a. Il married, widowed, or divorced		W (W	(Month) (Day) (Ye	ear)
AIC	MANEN A C T] assified	HUSBANO of (or) WIFE of		· .	22. SA HEREBY SERTIFY That Lattended deceese	13 10
BINDING	CXX		10 4 18	1933	I lest saw helft elive on 19 19 death	
	IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and 7. AGE Years	Months Days	If LESS than	to have occurred on the date stated above, et	1 12 29
FOR	IS A PE stated E properly		9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	0.7	8. Trade, profession, or particu	lar PINNER		Chiling. Infantien Onto	ol onse
回回	Hade	kind of work done, as S SAWYER, BOOKKEPPER, Industry or business in whi work was done, as SILK SAW MILL, BANK, etc 10-Date deceased last worked this occupation (month a	etc			
RV	ould may back	Q. Industry or business in white work was done, as SILK SAW MILL, BANK, etc	MILL,			
RESERVED	INK Sh t it on	10. Date deceased last worked this occupation (month a	nd · spe	time (years)		
RE	AGE THAT that ons o	year)	occ occ	upetion	Other Contributory Causes of importance:	
Z	DID So so	12. BIRTHPLACE (city or town) (State or country)_	Dullan	1.1.		
MARGIN	UNFADING supplied. AGI n terms, so tha		1101 1	f.		
[A]	D # 4	13. NAME Clare 14. BIRTHPLACE (city or town).			Name of operation Date of	
		(State of country)	- Tred	2-	What test confirmed diagnosis? Was there an autopsy	?
	WfTF efully in plai	15. MAIDEN NAME	ma Hear	uses	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	L	6 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?, Date of injury, 19	9
	be SAT	∑ (State or country)	1 Tel	2 06 11	Where did injury occur? (Specify city or town, county and State)	
		17. INFORMANT	ie Sifte	Jane	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
		18. BURIAL, CREMATION, OR REMO	VAL	-,01	Manner of injury	
	四四四十	Place fring 32	Date Och		Nature of injury	
=	WRIT nation SAUSH FION	19. UNDERTAKER	. 21 · Zus		24. Wes disease or injury in any way related to occupation of deceased?	
No.	# T	(Address)	0		If so, specify	
oj S	z	20, FILED / 6 - / 193	6. D. A.O. Yeu	Registrar.	(Signed) Millian fully (Address) Quely Mills	M.
				ACEISTAT.	" (nuuros)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	c 1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------	-------	-----	---------	------------	---------------	-----------

1. PLACE OF DEATH	CERTIFICATE OF DEATH 19159
	(Rb-0)
County Colocus	Registration Dist. No. 62
	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John Hillard Sulf	wan_ If U. S. Veteran, specify WAR
(a) Residence: ND. Auto (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH tubes 19 1936 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Muss Mabel Dever Sufficient	22. HEREBY CERTIFY, That I ettended deceesed from
S DATE OF BIRTH (most down II) and 9 1991	I lest sew h 🗸 🧥 alive on
6. DATE OF BIRTH (month, day, end year) Services 7 / 8 / 7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, et 7 ; 13 2m,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence
Trade evaluation or particular	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupation from the first separation that	Standard C. in James Pt ?
9. Industry or business In which	(2) Can I I Con crossion ?
work was done, es SILK MILL, SAW MILL, BANK, etc.	
- I this seembally morphing and Joy 360 spoint in this (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
yeer) occupetion occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Capton	
(Stete or country) Solbat Ca My.	<i>V</i>
13. NAME Garles Wesley Author	
13. NAME Clarks Wesley Sullivan 14. BIRTHPLACE (city or town) - M.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Examination Was there an autopsy? 200
15. MAIDEN NAME Helen Covery	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homsteder accident Date of injury 9-69 1936 Where did injury occur? Accident House Durlan Cocoline
17. INFORMANT Mus Deorge Sharley (Address) Juien June, Will,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place as on Med Date 9/22 1936	Menner of injury tell shown storic stelly Neture of injury a feferently broken with
19. UNDERTAKED BLUES Company (Address) English France	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9- 21 , 136 by 40 George Registrar.	(Signed) Carlisle Benning for Cor. M. D. (Address) Ridgely Md.

CEDTICIOATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis UCI 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

plnods PHYSICIANS Exact EXACTLY. classified. properly stated may plnods INK so that it

in plain terms, should be carefully CAUSE OF DEATH -WRITE mation

MARGIN RESERVED

certificate. jo back on See instructions very important. LION

1. PLACE OF DEATH County (Varali Length of residence in city of town where death occurred. (a) Residence: No. 3. SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months.

(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor 1 dey.____ or____min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) FATHER 14. BIRTHPLACE (city or town) ___ (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL 19. UNDERTAKER (Address)

Registra

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Kequesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 09160

	Registration Dist. No. 4
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
w.	If U. S. Veteran, specify WAR
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
o, i)	21. DATE OF DEATH Section 18 (Year)
	22. I HEREBY CERTIFY. That I attended decessed from 195 1,10 193 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
an .hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
	Marasmus P.
	Painery cause: Sastro-entrities, Quego
	Dither Contributory Causes of importance: Amfrapar authorities
	Name of operation UNIA Date of What test confirmed diagnosis? Was there an autopsy?
	23. If deeth was due to external couses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
16	Manner of injury
3	24. Was disease or injury to any way releted to occupation of deceased? If so, specify (Signed) (Signed) M. D.
r.	(Address) freewaton Manyland

V. S. No. 1 M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
00T 2 1888				
Other contributory causes of importance! . S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

20, FILED DA

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINE A			
Other contributory causes of importance:		Other contributory causes of importance:	12 4 13
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

OCCUPA-

statement

certificate. properly

back

instructions

important.

may

plain

DEATH in

OF

CAUSE mation

TION

19. UNOERTAKER.

-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. \o (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred eedleton If U. S. Veteran, specify WAR 2. FULL NAME If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of _____, 19_____, to________, 19______, 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than to have occurred on the date stated above, at ______m. The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME t 4. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar. .

Manner of Injury

If so, specify

Nature of Injury

24. Was disease or Injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 3	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

18	T1 4	0	63
U	91	0	2

1	. PLACE OF	DEA	тн			(140)	
	County	Car	oline			Registration Dist. No. 64	
	Village or Ci	ity_Am	erican	Corner		St.,	Ward
	Length of resid	dence in ci	ity or town where	death occurreds	(1f 3yrs,3mos	death occurred in a horpital or institution, give its NAME instead of street and nds. How long in U.S. if of foreign birth?yrsmo	umber) sds.
2	. FULL NA	VIE	Heler	Virgin:	ia Wheedl	eton If U. S. Veteran, specify WAR	
	(a) Residen	ce: No	Dento	on, Md., I (Usual place		St., Ward. If nonresident give city or town and S	State
	PERSON	AL AN	D STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	emale		hite		RIED, WIDOWED, D (write the word) 1 ed	21. DATE OF DEATH Sept. 30 (Month) (Day)	193_6 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of			Vheedlet	on	22. I HEREBY CERTIFY, That Jattended of 26 1936 to 3	eceased from
6.	DATE OF BIRTH (month, da	y, end year)	Sept. 25	, 1907	I last saw he alive on 9/301, 1936	; death is said
7.	AGE Yea	rs	Months	Days	If LESS than	to have occurred on the dete stated above, atm.	
	2	9	0	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat
z	8. Trade, profes	sion, or p	articular as SPINNER	**		A	-94
110			es SPINNER, EPER, etc.	House	work	afrajuni	12/13,6
UPA	9. Industry or I	done, as	N WNICH SILK MILL, etc	Own hor	me	Liphania	-1/-Z8/36
OCCUPATION	10 Date deceese	ed last wo		11. Total ti	ime (years) nt in this 15 VI	Juin Juin 1	9/26/3
12.	BIRTHPLACE (cit (Stete or cour	y or town)	Т	ederals Md	burg	Other Contributory Causes of Importance:	
8	13. NAME	Will	iam T.	WHeedle	ton		
FATHER	~			chester		Name of operation Date of	
	(State or	country)	1	Λđ.		What test confirmed diegnosis? Was there en a	utopsy? Zw
HER	15. MAIDEN NA	ME		owbray		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (State or		D(orcheste Md.	r Co.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17.	INFORMANT (Address)			needleto:		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMAT	ION, OR F	REMOVAL		. 3, 1936	Manner of injury	
19.	UNDERTAKER . (Address)	J. J Fede	Fram	otom & S	on land	24. Was diseese or injury In any way related to occupation of deceased?	200
20.	FILED.Oct.	.2,	1936 5	5. Fran	m ptom.	(Signed) (Address) Federally IN	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	. 1	Example II		
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis = 1036	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	J.dy 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	Service 2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------